

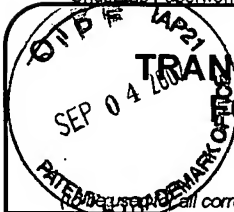
SFW

PTO/SB/21 (04-07)

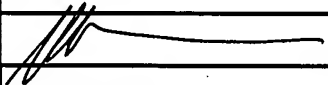
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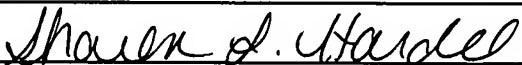
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 <p><b>TRANSMITTAL FORM</b></p> <p>Use this form for all correspondence after initial filing)</p>	Application Number	10/722,922	
	Filing Date	November 26, 2003	
	First Named Inventor	Robert Gaylord	
	Art Unit	3636	
	Examiner Name	BROWN, PETER R.	
Total Number of Pages in This Submission	3	Attorney Docket Number	036878.0011

ENCLOSURES (Check all that apply)		
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<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
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<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Williams Mullen	
Signature		
Printed name	M. Bruce Harper	
Date	August 29, 2007	Reg. No. 43,659

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PTO/SB/82 (01-06)  
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**REVOCATION OF POWER OF  
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NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/722,922
Filing Date	November 26, 2003
First Named Inventor	Robert Gaylord
Art Unit	3636
Examiner Name	BROWN, PETER R.
Attorney Docket Number	036878.0011

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

45309

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

45309

OR

<input type="checkbox"/> Firm or Individual Name	M. Bruce Harper				
Address	222 Central Park Avenue, Suite 1700				
City	Virginia Beach	State	VA	Zip	23462
Country	US				
Telephone	757-499-8800	Email	bharper@williamsmullen.com		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

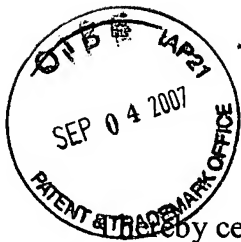
Signature			
Name	Oliver Wang		
Date		Telephone	852-27236268

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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